	infor-	state	UPA-
	Jo 1	plnc	220
	item	sho	Jo
	N. B. WRITE PLANTY, WITH UNFADING INK-THIS IS A PERMANENT RECALD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-
	&D	IXS	sts
	REC	P.	Exact
	LIV	LY.	
LARGIN RESERVED FOR DINDING	MANE	ACT	lassified
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TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	190
County Luger Clune	Registration Dist. No. 257
Village or City Licenstown	NoSt,Ward
7 4 . 4	death occurred in a horpital or institution, give its NAME instead of street and number)
all + Bal.	L. Il V.C. veteran specify WAR.
2. FULL NAME (UNCELLE) I of free	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
J. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Warried	21. DATE OF DEATH Jef 3 - 193 7 (Month) (Oay) (Year)
5e. If married, widowed, or divorced HUSBANO of (or) WIFE of WM Bedlatd	22. HEREBY CERTIFY That I attended deceased from
0.00 10 1083	I last saw h AC alive on Teac. 2 19.37: death is said
7. AGE Years Months Oays If LESS than	to have occurred on the date stated above, at8fom.
53 5 14 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	Chrocic intestital 1936
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked at this occupation (month and	replintio -
SAW MILL, BANK, etc.	myodegeneralis Cordis 1936
0 10. 0ate deceased last worked at this occupation (month and year) 11. Total time (years) specific this occupation (month and year) 3.544	
Carl Carl	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	Corougn thum bear 1000
13. NAME Den. Rich	1431
13. NAME Sev. Nich 14. BIRTHPLACE (city or town)	Name of operation Oate of
(State or country) Manyland	What test confirmed diagnosis? MANAGEMENT Was there an autopsy? (MA)
15. MAIDEN NAME Margaret Wisher	23. If death was due to externel causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME Margaret Wisher 16. BIRTHPLACE (city or town) arolesis	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT God the d. (Address) Tuesnato Sun - Md.	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place fould to we one of to 1937	Nature of injury
19. UNDERTAKER Mrs. anie W. Edderes	24. Was disease or injury in any way related to occupation of deceased?
(Address) Centreville ma	if so, specify
20. FILEO JEbr 4, 1937 - Helen M. aldre	(Signed)
docal Registrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	JI .	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:	177	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		1 3r 20 1922	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY PHY	SICIAN
						3

PHYSICIANS should state

stated EXACTLY.

AGE should be

properly classified.

certificate.

See instructions on back of

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

mation should be carefully supplied.

-WRITE

of OCCUPA.

Exact statement

1. PLACE OF DEATH	(827)
County MMM Negle O.	Registration Dist. No. 25
Village or City Willelf / Hell We	No. St., Ward
110	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred yrsmos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Of COOL! I TOOK	H If U.S. Veteran specify WAR
(a) Residence: No. Cleeless, Thelf well	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3.SER 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OF DIVORCED (write the word)	21. DATE OF DEATH LOUIS (Month) (Day) (Year)
5a. If married, widowed or divorced	
HUSBAND OF ala Meel Prollen	22. 1 HEREBY CERTIFY That i attended deceased from
6. DATE OF BIRTH (month, day, and year) Rug. 18. 1887	I last saw hell. elive on
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 19 P. m.
49 6 8 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
R Trade profession or particular	Date of onset
kind of work done, es SPINNER, BOLLOW SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at 2 11. Total time (years) 15. This occupation (month and the country in this country in the coun	
work was done, as SILK MILL, SAW MILL, BANK, etc.	-
10. Date deceased last worked at 2 11. Total time (yeers) 15. Total time (yeers) 15. Spent in this 2.4	
this occupation (month and by spent in this occupation)	Chart Contributory Causes of importance: 21 5 4 209
12. BIRTHPLACE (city of town)	IN CILL AC AUDICOCOCO O DE
(State projuntity) Clell 19 Clel & Mid	
13. NAME TO US . T. Prollece	
13. NAME TO COMPONENT OF THE PROPERTY OF THE P	Name of operation COCC Date of
(State or country) Elly Messe Co Mick	What test confirmed diagnosis? Was there an autopsy
15. MAIDEN NAME Refour Freedfall	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME ALLE STORAGE S	Accident, suicide, or homicide?
State opcountry)	Where did injury occur?
tala Prece moures	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) Cellech . Hell lus	
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Musich Hall Date Mar. 1, 193	Nature of injury.
There H 9 -	24. Was disease or injury in any way related to occupation of decaesed?
19. UNDERTAKER AND COMMENT OF COM	If so, specify
E1 1502 7/ 4/ 6	signally coally & Becelly M. D.
20. FILED/ C/ & D, 19 3 1 / F. 74 Zoron	Busen These we I

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10.—The month and year the deceased last worked at the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		•	

-WRITE PLA

V. S. No. 1

TION is very important. See instructions on back of certificate.

STATE	OF	MARYI	AND-	-CERTI	FICAT	E OF	DEATH
JIAIL			./\ \	OLIVEI			

STATE OF MARTLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(18)
County Queen Uniles	Registration Dist. No. 254
Village or City Chester The	haporows) St., Ward
149_	(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residance in city or town where deeth occurredyrs,	nosds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Helen Bryan	If U. S. Veteran, specify WAR.
(a) Residence: No. The narrows	St., Ward.
(Usual place of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS	21. DATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH ALL 16 1037
Almal Color married	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. THEREBY CERTIEY. That I attended deceesed from
(or) WIFE of Dame I Tryan	1 16 1937 to 1 26 16 1937
6. DATE OF BIRTH (month, day, and year) Unprocure	Hast saw h. L. alive on Pub 16, 1937; death is said
7. AGE Years Months Days If LESS than	to have occurred on the dete stated abova, at 2 30 /m.
42 1 day,h	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance
8. Trade profession or particular	wara as follows: Date of onset
kind of work done, as SPINNER, House wife	of Otamaele.
9. Industry or business in which	Physician only saw warrand tuenty meanted
work was dona, as SILK MILL, SAW MILL, BANK, atc	I Labore her death. No time to get history or
	to determine primary causes Quilet
year) occupation vel	Other Contributory Causes of Importanca:
12. BIRTHPLACE (city or town) Labour	Stomach enormously distanded . Isred to enor-
(State or country)	- ty storach ; no result.
13. NAME LE Aldams 14. BIRTHPLACE (city or town) Hings Creek.	No fronthes informations
14. BIRTHPLACE (city or town) Tungs Crus.	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy? 1.40
15. MAIDEN NAME Susan adams 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOL ENCE) fill In also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(Stete or country) Tung, Vulk, M	Whara did injury occur? (Specify city or town, county and State)
17. INFORMANT Paymand alams.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Chrester, Ma:	
18. BURIAL, CREMATION, OR REMOVAL MA. Jeh 19 3	Manner of injury
Placa William 193	Anature of injury
19. UNDERTAKER J. Co. Shamas	24. Was disaase or injury in any way related to occupation of decaased?
(Addrass) Stevensvillen	If so, specify
20 FILED Feb. 19 19 37 - Helen M. Clean	(Signed) M.D.
Focal Registrar.	(Address) William Lacur In

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	The principal cause of death and related causes of importance were as follows: Attack of epilepsy		
Chronic interstitial nephritis	1915	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
The state of the s			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

PHYSICIANS should state

Exact statement of OCCUPA.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 2015
1. PLACE OF DEATH	
County Allen Masse	Registration Dist. No. 2 5:1
Village or City Reac Olices M	NoSt.,Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city of two where death occurredyrsmos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME STATELY STUTOYARE	Alists, Veteran epecify WAR
(a) Residence: No. (Usua rollice of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEM STALLA COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH In 1
Della la Histor ON DIVORCED (write the word)	(Month) (Dey) (Year)
5a. If married, misoved, or divorced HUSBAND of	
(or) With the come of leave	22. 1 HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 31, 1849	I last saw halive on
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, etm.
87 / 2/ 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
_ 8. Trade, profession, or particular	Were as Tollows: Object on set of the set o
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	
9. Industry or business in which work was done, as SILK MILL.	Lobar preumonia, Carlo B.
Work wes done, es SILK MILL, SAW MILL, BANK, etc	Quiration: seven dague
O 10. Date deceased last worked et this occupation (month and year) 11. Total time (years) spant in this occupation occupation occupation	
10	Other-Contributary Chuses of Importance:
12. BIRTHPLACE (city or town) (State or coupley)	fretran 1020 Destout
	1xuviae
I I I NAME & LEWING	
13. NAME 14. BIRTHPLACE (city or town)	Neme of operation
CSIATE OF COUNTY OF THE COUNTY	What test confirmed diagnosis? Was there en eutopsy?
15. MAIDEN NAME CONTROL PUMPE	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT. (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVALO	Manner of injury
Place Central Dete Frak 23,1937	Nature of Injury.
19 UNDERTAKER House H. Good	24. Was disease or injury In any way related to occupation of deceased?
(Address) Church Hill and,	If so, specify
20 FILED Fiel 24937 7 Fm & Good	(Signed) O & WILL D. A CELLY M. D.
Registrar.	(Address Willed Tell Mit

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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11.—The number of years the deceased followed the occupation.

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Example I	li li	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	(82.0)
County Juen levere.	Registration Dist. No. 252
Village or City Contrevelle 7119	No. St., Ward. St., Ward. St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) OR DIVORCED (write the word)	21. DATE OF DEATH Fac / 2 , 193 7 (Month) (Day) (Yeer)
5a. If married, widowed, or diverged HUSBAND st (or) WIFE of 6. DATE OF BIRTH (month, day, end yeer) Capacil 5 - 1870	22. I HEREBY CERTIFY. That I attended deceased from 19 \$7, to 19 \$7. I lest saw h elive on 19 \$7. death is se
7. AGE Yeers Months Oays If LESS then 1 day,hrs ormin.	were es follows: Oate of onse
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Cerebral Hemorrhage
10. Date deceased last worked at this occupation (month and year)	Other Contributory Causes of Importance:
13. NAME Edward Har destey	
14. BIRTHPLACE (city or town) (State or country)	Neme of operation
15. MAIDEN NAME Serah and Maruer 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT Miss and Cook	23. If death was due to externel causes (VIOL ENCE) fill In elso the following: Accident, suicide, or homicide? Where did Injury occur? (Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVANTURAL Oate 7 sty 15, 193	Menner of Injury
19. UNDERTAKER Saiton Bish. (Address) Culteville Had 20. FILED Fat. 15 1937 Manie & Bright.	24. Wes disease or injury in eny wey related to occupation of deceased? If so, specify (Signed) Variable Variable and

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No. 1

-WRITE PL

Exact statement of OCCUPA-

AD. Every item of infor-

IS A PERMANENT REC stated EXACTLY. P properly classified. Exac

UNFADING INK-THIS IS upplied. AGE should be stat

pe

mation should be carefully supplied. AGE should CAUSE OF DEATH in plain terms, so that it may

ARGIN RESERVED FOR BINDING

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Example I	l	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
3 1931			
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
	111.09.2(10.00		2 9001

STATE OF MAR	YLAND-CER	TIFICATE	OF DEATH
--------------	-----------	----------	----------

2017

1. PLACE OF DEATH	95-20
county xueen anno	Registration Dist. No. 4 23
Village or City Stevensville	NoSt.,Ward If death occurred in a hospital or institution, give its NAME instead of street and number)
	osds. How long in U. S. if of foreign birth?yrsmosds.
2. FULL NAME Hora Delon on	af If U. S. Veteran, specify WAR
(a) Residence: No. Stereno ville Me	L/st Ward.
(Usual place of abode) f	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female White Single, Married, Widowed, OR DIVORCED (write the word)	21. DATE OF DEATH File (Month) (Dey) (Yeer)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of Las, Frankly Cray Sr.	22. HEREBY CERTIFY, That I ettended deceased from
6. DATE OF BIRTH (month, day, and year) June 8 7/859	1 lest sew h. 4. alive on
7. AGE Years Months Days If LESS then	to have occurred on the dete stated above, et The PRINCIPAL CAUSE OF DEATH and related causes of Importance
/8 ormin.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Wilatation of heart
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Dete deceased lest worked et processed of the control of	
10. Dete decessed lest worked et this occupation (month end per 13 spent in this yeer)	
12. BIRTHPLACE (city or town) Sollers What (State or country) awest Co. md.	Other Contributory Causes of importance:
13. NAME Dennis Bates M. Wiyon	
II. BIRTHPLACE (city or town) U. J. C. J.	Name of operation Dete of
(State of Country)	Whet test confirmed diagnosis? Wes there an eutopsy?
15. MAIDEN NAME Elizabeth Richards	23. If deeth wes due to externel ceuses (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
17. INFORMANT Natic Cray Engry ma	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place Tevenspille Date Feb. 15, 1931	Nature of injury
19. UNDERTAKER J. C. Thomas	24. Wes disease or lygury in eny wey related to occupation of pecessed?
(Address) Slevensville.	If so, specify (Signed) M. D.
20. FILED TEV 0, 19.3 / J. To. Morrison	(Address) Devenoului

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
1915	Attack of epilepsy	1 week ago		
1921	Run over by street car	1 week ago		
July 5,1927	Peritonitis	3 days ago		
May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year		
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:		

V. S. No. 1

STATE O	OF	MARYLAND-CERTIFICATE	OF	DEATH
CHARLES .				

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 2018
1. PLACE OF DEATH	159/
County lucey Wills	Registration Dist. No. 20
Village or Citylellesles	NoSt.,Ward
	(If death occurred in a hospital or institution, give its NAME instead of street and number) osds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Baly Boy Jolx	If U. S. Veteran, specify WAR
	St Ward.
(a) Residence: No. (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH 1602. 8 7. (Month) (Dey) (Yeer)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	22. Felo 1 HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, dey, and year) Feb 6 th 1937	I last saw h. HA alive on Felor: 3 19.3 7 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
2 1 day,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	Frem etine buth kelvit
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	1937.
10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Chestles (State or country)	Other Contributory Causes of importance:
13. NAME Seorge Harry Halx	
13. NAME Tarry John 14. BIRTHPLACE (city or town) letter (State or country)	Name of operation
	What test confirmed diagnosis?
15. MAIOEN NAME Leliau llèce Pot 16. BIRTHPLACE (city or town) Leluster (State propountry)	Accident, suicide, or homicide? Dete of Injury, 19
(State orycountry)	Where did injury occur?
17. INFORMANT GLORGE HOLESTER M	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of Injury
Place XILLVENSIGNOBATE JEV 7 190	Nature of Injury
19. UNOERTAKER Thomas (Address) Stevenswelle	24. Wes disease or injury in any way related to Quantion of deceesed?
-telo" 5790 T1	(Signed)

Loca If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Address)

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	**
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

WRITE PLA

V. S. No. 1

		CTATE OF MADYLAND CEDTIEN
	A-fe	STATE OF MARYLAND—CERTIFIC
-1	nfo sta JP.	1. PLACE OF DEATH
X	of i	County Lugga Ungel 1
XX	m on o	Village or City Ilerensulle Man.
1	ite s of	(If death occurred in a h
	NS at	Length of residence in city or town where death occurred
	Zvel IA] mel	2. FULL NAME JAMAN MORANOL Deflection
	t C H	tto 10 a 2 is 1/2 Vel la

CATE	OF	DEATH	2
(0000)			

	I. FLACE OF DEATH	(100,5)
	County Lucien Unneld	A Registration Dist. No. 253
	Village Dr City Herersullo / Mr	ND. St Ward
	village bit city to the city t	death occurred in a hospital or institution, give its NAME instead of street and number)
1	Length of residance in city/or town where death occurredyrsmos.	How long in U.S. If of foreign birth?
	2. FULL NAME GASTIMONOUS	Seflecht U. S. Veteran, specify WAR
	tta a val	
	(a) Residence: Np. (Usual place of abode)	St., Ward. If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. SEX / 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
0	OR DIVORCED (purite the word)	- FEb- 6 1937
	The Married	(Month) (Day) (Year)
	5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY. The attended daceesed from
	(or) WIFE of Mary C. Delley	Tala 6 1937 10 100 6 1937
	6. DATE OF BIRTH (month, day, and year) 781-19-11903	last saw h live on19; death is said
certificate		to have occurred on the date stated above, at 7.4.5 m. m.
ific	7. AGE Yaars Months Days If LESS than 1 day, Lahrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
ert	34 // ormin.	ware as follows: Date ol onset
	8. Trede, profession, or particuler kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work wes done, as SILK MILL, SAW MILL, BANK, etc.	Mol Val Lu de
of	SAWYER, BOOKKEEPER, etc.	Autoni
back	9. Industry or business in which work wes done, as SILK MILL,	Caused Caused
	9. Industry or business In which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occurations ment and the spent In this company and the spent In	is by a volvulus of the bowel. Cus of?.
on		V
ns	yeer) Mary Marie occupation 1.41.94	Other Contributory Causes of importance:
instructions	12. BIRTHPLACE (city or town)	
ru	(State or country) May and	
nsı	13. NAME aus M. Melley	
	14. BIRTHPLACE (city or town).	Nama of oparetion Dete of
See	(Stata or country) / Lasy Color	What test confirmed diegnosis? Was there an autopsy?
نب	15. MAIDEN NAME (Id Lash Storas	23. If death was due to external ceuses (VIOLENCE) fill in also the following:
important	E Colo Harris	Accident, suicide, or homicide? Date of Injury, 19
OOL	State or country)	Whera did Injury occur?
III.	make	(Specify city or town, county and State)
	17. INFORMANT	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
very	(Addrass) Stovensweller 10	
00	Place there sent Ceneluson Let 8 1837	Manner of injury
	Places son Order San Market	Nature of injury
TION	19 UNDERTAKER Rays Co. Hhomas	24. Was disease of figury in any way related to occupation of deceased?
E-4	(Addrass) Silvensville	If so, spacify
	20 54 5 tele 6 137 7 C Thomas	(Signed) (Signed) M. D.
	20. FILED EV. 6, 1931. J. V. Shopuas	1180 are 11 m Itillo

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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11.—The number of years the deceased followed the occupation.

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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage MAR 8 1931	July 5,1927	Peritonitis	3 days ago
MISLAU V. 6.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

AS. No. 1

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	
County Lucere Cleure	Registration Dist. No. 252
Village or City Centreoiele	No. St., Ward
Length of residence In city or town where death occurredyrsm	(If death occurred in a hospital or institution, give its NAME instead of street and number) osds. How long In U.S. if of foreign birth?
(a) Residence: No. Contreviere M. (Usual place of abode)	St., Ward. If u. S. Veteran, specify WAR
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Warreed	21. DATE OF DEATH FOL. 20. 1937. (Month) (Day) (Yaar)
5a. If married, widowed, or divorced	
HUSBAND of (or) HIFE-OL Mus Mureu Peceler	22. I HEREBY CERTIFY. That t attended deceased from Fals. 18- 1937 to Fals 20- 1937
6. DATE OF BIRTH (month, day, and yeer) July 10-1868	I tast saw h alive on Fee 19. ,1937; death is said
7. AGE Years Months Days If LESS than 1 day,hr	to have occurred on the date stated above, at #
60 10 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER,	Lotor Presummi 21.0
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	
10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) No Celebreale	Other Contributory Causes of importance:
(State or country)	
I 13. NAME Relace rules	
14. BIRTHPLACE (city or town) Jenes Co (State or country)	Neme of operation Date of
(crass of country)	What test confirmed diagnosis?
15. MAIDEN NAME Make Clue Change 16. BIRTHPLACE (city or town)	23. If death wes due to external causes (VIOL ENCE) fill In also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
17. INFORMANT Mrs Skyuners Preseler	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address) 18. BURIAL, OFERNATION, OR REMOVAL.	
Place Desleur sie Dajestely 44, 193	A- Nature of injury.
19. UNDERTAKER / Darton / Oral	24. Was disease or Injury in any way related to occupation of deceased?
20. FILED TXX. 20, 1937 Ilamia & Bright	If so, specify (Signed) M. D.
20. FILED 1.107 : 200, 19 5	(Address) (entherite had

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Example I Example II The principal cause of death and related causes. The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

stated EXACTLY. PHYSICIANS should state AD. Every item of infor-Exact statement of OCCUPA-B.—WRITE PLANLY, WITH UNFADING INK—THIS IS A PERMANENT REC CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. mation should be carefully supplied. AGE should be

FOR BINDING

ARGIN RESERVED

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH 2021
1. PLACE OF DEATH	7.05
County Killy Une	Registration Dist. No. 253
Village or City Lesley (1	NoSt.,Ward f death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredvrsmos	sds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME / Mary all well	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATHY. (Day) (Year)
5e. If married, widowed, or diversed HUSBAND of (or) WIFE of Millow Okice	22) au. 1 HEREBY CERTIFY That I attended deceesed from
6. DATE OF BIRTH (month, day, and year) Isaan	Vlast sew h & alive on Fely 6, 197 ; death is said
7. AGE Years Months Oays If LESS than	to have occurred on the date stated above, at 4-30 m.
about 5-3 1 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	were as follows:
kind of work done, as SPINNER, fousewife SAWYER, BOOKKEEPER, etc. fousewife	Cholezyshtis acco jan-
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	1 1/1/27
work was done, es SILK MILL, SAW MILL, BANK, etc	choungens arouse 1951
this occupation (month end spent in this occupation year)	
18 AT.	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town). (State or country)	Charletithia and Chroming 1434
14. BIRTHPLACE (city or town)	Resurral of acco additions 1 11100
4. BIRTHPLACE (city or tova) (State or country)	Name of operation Date of Management Date of Manage
1	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Sermany State or coonlry)	Accident, suicide, or homicide?
(State of Expansy)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Should It filed (Address), Clester Md	Specify whether injury occurred In INOÚSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place MULL Date Date 190 /	- Nature of injury
19. UNDERTAKER TRaut 6. Thornas	24. Was disease or injury in any way related to occupation of deceased?
(Address) / Steißnswifte	If so, specify
20. FILED TEL 63, 18 T. C. Thomas	(Signed) (Signed) M. D.
Local Registrar.	(Address) Stevensule
If more blanks are needed, address State Registrar	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
THE PART OF THE PA			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE	OF	MARYI	AND-CERTIF	CATE	OF I	FATH
SIAIL	U	MINIT	AND CENTIL	ICALL		ノレハーニ

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2	ŧ	J	4	6	

1. PLACE OF DEATH	11 -		(23)
County Sulle 11 0	Auce		Registration Dist. No. 25
Village or City Clear	beherte, to	repen	NoSt.,Ward
	8		death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city of town where	death occurredyrs	mos	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME	a, Au	uy	If U.S. Veteran specify WAR.
(a) Residence: No. Ole O	clertoave	-19	St., Ward.
PERSONAL AND STATIST	(Usual place of abode)	DC	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX_ 4. COLOR OR RACE	5. SINGLE, MARRIED, WIL		21. DATE OF DEATH Ze &
Male Myste	OR DIVORCED (write th	he word)	Tepy /
5a. If married, widowed, or divorced	2		(Month) (Day) (Year)
HUSBAND of Ole Congression (or) WIFE of Ole Congression	altrute	4	22. I HEREBY CERT FY That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	ely 16.18/2	4	last saw help alive on
7. AGE Years Months		ESS than	to have occurred on the date stated above, at A
72 6	3-7 1 day, or	hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were a follows:
8. Trade, profession, or perticular	+0 × -00	_	The state of the state of onest
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	× an we		1 204-10
9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc.	uniculti	Trul	\[\ldots \ \frac{1}{2} \rdots \ \rdots \rdots \ \rdots \rdots \ \rdots \rdots \ \rdots \rdo
Rind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Dete deceased last worked at this occupation (month and	11_Total time (years	e)	(/
o this occupation (month and 193	spent in this occupation		
			Giver Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	a Acue	0	LOUVILL STEFFE
	Aust		Out
E	or comment		
4. BIRTHPLACE (city or fown) (State or country)	11 Acus C	0	Name of operation Date of
	6 Aliest		What test confirmed diagnosis? Was there an eulopsy?
15. MAIDEN NAME	11 or copie	<u> </u>	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (State or country)	Mi Neen &	9	Accident, sulcide, or homicide? Date of injury, 19
130014	Aneth		(Specify city or town, county and State)
17, INFORMANT (Address)	there Pd		Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE
18. BURIAL, CREMATION, OR REMOVAL	0 4.0 11	(Manner of Injury
Place White Alex	an Date Feb. 19	19.37	Nature of injury.
19 UNDERTAKER Thomas H.	evod.		24. Was disease or injury in any way related to occupation of deceased?
(Address)	- Kill kin	(If so, spegify
mose 408-18.24 7	box x e_	rol	(signed Osgoon, W. Decolo M.D.
20. FILED . F. L. N 1. 2, 19. 3 . T.	I SOMO STAN LETT	Registrar.	(Address) Clieban. Hell &

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

ADDITIONAL SPACE F	FOR FURT	ER STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

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sta UP.	1. PLACE OF DEATH		
onld occ	county 4 very or	ne	
should of OCC	Village or City Lenters	elle	
. 70	Length of residence in city or town where do	eath occurred	yrs,m
Eve	2. FULL NAME HONNY	H OP	m
RD. Every IYSICIANS statement	(a) Residence: No.	Usual place	abode)
RECOI PH Exact	PERSONAL AND STATISTIC	CAL PARTIC	CULARS
	3. SEX 4. COLOR OR RACE	5. SINGLE, MARK OR DIVORCED	(write the word)
RMANENT X A C T L Y classified.	5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	3000	0
F 2 F 2	6. DATE OF BIRTH (month, day, and year)	ja4.	1866
IS A PE stated E properly certificate	7. AGE Years Months	Days	If LESS than
IS A stated proper ertific	0 3	19	ormin.
HIS be be of	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	nelen	
n u	NO STANDARD TO STA	our h	rule
t it	10. Date deceased lest worked at this occupetion (month and yeer)	5 span	me (yeers) HOW t in this pation
Se cti	12. BIRTHPLACE (city or town) - China	n 1tu	le.
Supplied. n terms, ee instru	(State or country)	melan	9
ppl ppl terr ins	13. NAME JOHN 5 &	Brank	
T 70	14. BIRTHPLACE (city or town) (State or country)	i ali	<u></u>
WIJ efull in pl ant.	15. MAIDEN NAME Emma	- Gah	nou
Y,	15. MAIOEN NAME COMMON OF THE STATE OF THE S	un a	-01
PLAINL nould be of DEAT very impo	17. INFORMANT Samples of L. (Address)	Jury	
sh sh	18. BURIAL, CREMATION, OR REMOVAL	Date Feb	17 1037
-WRITE mation sl	19. UNDERTAKER Was by CA	pood	
	(Address) lewsch	1 Lever U	2 My

20. FILED Tet. 15 , 193

STATE OF MARYLAND—CERTIFICATE OF DEATH

N7a)	
Registration Dist. No. 252	
No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number) s. ds. How long in U.S. if of foreign birth? yrs. mos. ds.	
If U.S. Veteran specify WAR.	
St. Ward.	
If nonresident give city or town and State	
MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH 2 14	
(Month) (Day) (Year)	
22. I HEREBY CERTIFY. Thet I attended deceased from 1927, to 2 - 4, 1937 I last saw harmalive on 2 - 4, 1977; death is seld to have occurred on the dete stated above, at 2, 2, 10. The PRINCIPAL CAUSE OF DEATH and related causes of importence	
were as follows:	
More de Rueumose	
Other Coutributory Causes of importance:	
Pilling July	
Name of operation Date of	
What test confirmed diagnosis? Was there an eulopsy?	
23. If death was due to external causes (VIOLENCE) fill In also the following:	
Accident, suicide, or homicide? Date of injury, 19	
Where did injury occur?	
(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.	
Manner of injury	
Nature of injury.	
24. Was disease or injury in any way related to occupetion of deceased? If so, specify (Signed)	
(Address)	
2000 N. Charles Street Religious Promoting 51 S. No.	

If more blanks are needed, address State Registrar,

Registrar.

Local

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
8 / 2			
Other contributory causes of importance:	7	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrocnteritis	1 year

(Address)

STATE OF MARYLAND-	CERTIFICATE OF DEATH 2024
1. PLACE OF DEATH	(31)
County Luceu Claure	Registration Dist. No. 254
Village or City Perrys Carner	N N N
	NoSt.,Ward
Length of residence In city or town where death occurred 40 yrsmo	sds. How long In U.S. If of foreign birth?yrsmosds.
2. FULL NAME Ill alebert Stranush	ee If U. S. Veteran, specify WAR
(a) Residence: No. arakone	St. Ward.
(Usual place of abode)	II nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Name Of Divorced (write the word)	21. DATE OF DEATH 22 , 193 7 (Month) (Day) (Year)
ia. If married, widowed, or divorced HUSBANO of	
(or) WIFE of Musey Callahau	22. HEREBY CERTIFY, that attended deceased from
0	1907 2 2 37 1907
5. DATE OF BIRTH (month, day, and year) Cury 2 - 1860	I last saw h
AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
6 6 20 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER,	
SAWYER, BOOKKEEPER, etc.	102
work was done, as SILK MILL, SAW MILL, BANK, etc	The merion 1900
10. Date deceased last worked at 11. Total time (years)	
this occupation (month and 193) spent in this 504	
V V	Other Contributory Causes of Importance:
(State or country)	Ortonia-to la so-
	- www feerosis
13. NAME Jaku Shannakan	
14. BIRTHPLACE (city or town) (State or country)	Name of operation Dete of Dete
(State of Southly)	What test confirmed diegnosis? Was there an autopsy?
15. MAIOEN NAME Mary Charlet Lave	23. If death was due to external causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?, 19,
(State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT Ma W. U. Straumakan	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Peryo Carner Mil	
18. BURIAL, CREMITION, OR REMOVAL Place Lerry 8 arreer- Date 7ety 34, 1937	Manner of Injury
Berto Brad	24. Was disease or intitly in any way related to occupation of deceased?

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Regulating V. S. No. 1.

Registrar.

If so, specify

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MARS			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	30	YS	sts	
	RECOL	. PH	Exact	
	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	mation should be carefully supplied. AGE should be stated EXACTLY. PHYS	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact sta	
	IS A PE	stated E	properly	TION is very important. See instructions on back of certificate.
	HIS	be	pe	of
	VK-TI	plnods	it may	n back
	ING II	AGE	that	tions o
	INFAD	pplied.	erms, s	instruc
)	TTH I	ully su	plain t	t. See
	LY, W	caref	TH in	portan
	STYLE STATE	onld be	F DEA	ery im
	i i	sho	0	SV
	ZII.	non	SE	Z
	-WI	mati	CAL	LIO

B

S. No. 1

state OCCUPA

pluods

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of

tement

1. PLA

2. FUL (a)

3. SEX

5a. If marri HUSB (or) W

6. DATE OF 7. AGE

SAWYER, BOOKKEEPER, etc.

this occupetion (month end

10. Oate deceesed last worked at

(State or country)

16. BIRTHPLACE (city or town) (State or country)

18. BURIAL, CREMATION, OR REMOVAL

12. BIRTHPLACE (CITY OF KOWN (State or country)

15. MAIOEN NAME 7

17. INFORMANT CLAUNCE

(Address)

(Address)

19. UNOERTAKER

OCCUPATION

FATHER

MOTHER

ST	ATE OF	MARY	LAND-	CERTIFICATE OF DEATH 2025
PLACE OF DEATH		_		
County Sur 120	e ans	2		Registration Dist. No. 250
Village or City Mean	Bess	lay		No. St. Ward
Length of residence in city o		144		death occurred in a horpital or institution, give its NAME instead of street and number. How long in U.S. if of foreign birth?
FULL NAME Hele	u Jeans	she to	ance for	A OUT U.S. Veteran specify WAR.
(a) Residence: No. /3	ulun	(Usual place of a		Ward. If nonresident give city or town and State
PERSONAL AND	STATISTICA	PARTICL	JLARS	MEDICAL CERTIFICATE OF DEATH
Reman Whis		SINGLE, MARRIED OR DIVORCED (1)		21. DATE OF DEATH (Month) (Oay) (Yeer)
married, widowed, or divorced HUSBANO of (or) WIFE of			8	22. I HEREBY CERTIFY, Thet I ettended deceased from 2-2-1927, to 2-21-1927.
ATE OF BIRTH (month, day, en	d year) / - 2	26-37		I lest saw have elive on Z- / 4- , 1977; death is seid
E Years	Months	7 1)	If LESS than I day,hrs.	to have occurred on the date steted above, at
8. Trede, profession, or pertic	ular			Lobor Muserman Oate of onset

9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc..... 11. Total time (yeers)
spant in this occupation __. 14. BIRTHPLACE (city or town) / Lacellaco Neme of operation. What test confirmed diegnosis?_____ Was there en autopsy?____ 23. If death was due to external causes (VIOLENCE) fill in elso the following: Date of injury Accident, suicide, or homicide?_____ Where did injury occur? ... (Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE. Manner of injury Neture of injury.... 24, Was disease or injury in eny way related to occupation of deceesed? so, specify (Signed) (Address) - Wlass Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis MAR 5 1027	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5, 1927	Peritonitis	3 days ago
SUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF	MARYL	AND-	CERTIFIC	CATE	OF	DEATH
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,		0	,	•	ď	1	J

1. PLACE OF DEATH			(210-m)	259 254
County Meen C			Registration	Dist. No. 202 20 T
Village or City	noull	///	No	St., War
Length of residence In alty or town where	daath occurrad		ds. How long in U.S. if of foreign birth?	
2. FULL NAME lluk	nacon)	If U. S. Veteran, specify WAR	
(a) Residence: No.	(Usual place of	of abode)	St., Ward.	give eity or town and State
PERSONAL AND STATIST		the same of the sa	MEDICAL CERTIFICATE	OF DEATH
male white		RIED, WIDOWED. O (write the word)	21. DATE OF DEATH 2	19 , 193 , 193 , (Yan)
a. If married, widowed, or divorced HUSBAND of			22. HEREBY CERTIF	(3-7)
(or) WIFE of				
DATE OF BIRTH (month, day, and year)				, 19; death is sa
AGE Years Months	Days	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at The PRINCIPAL CAUSE OF DEATH and related cause were as follows:	
8. Trada, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	1		Frankline Ak	Date of one
9. Industry or business in which work was dona, as SILK MILL,			auto accident &	eles whole
SAW MILL, BANK, etc	11. Total tii	nt in this	automobile accident a	wer.
ysar) Iz, BIRTHPLACE (city or town)	OCCU	pation	Other Coatributory Causes of Importance:	
(State or country)				***********************
13. NAME 14. BIRTHPLACE (city or town)				
14. BIRTHPLACE (city or town) (State or country)		***************	Name of operation	
			What test confirmed diagnosis?	
15. MAIDEN NAME 16. BIRTHPLACE (city or town)			23. If death was dua to external causes (VIOLENCE) file	The state of the s
16. BIRTHPLACE (city or town)			Accident, sulcide, or homicide? Peridenta. Where did injury occur? Seconomicides Occaribles Occaribe	
17. INFORMANT State Palice from (Address) 18. BURIAL, EDEMATION, OR REMOVAL Place LILL Reviele Data Frfy 70, 1937 19. UNDERTAKER Button Bras (Address) Cent to greeke Mal			(Specify city or Specify whether Injury occurred In INDUSTRY, in HO	town, county and State) ME, or in PUBLIC PLACE.
			Manner of injury Outomobiles accide	
			24. Was disease paining by any ways plan to occup	ation of dacaased?
20. FILEO TEL. 20, 1937 176	mie 8	Bright.	(Signed)	LANM

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i in the second	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

ż

STATE OF	MARYLAND-	-CERTIFICATE	OF	DEATH

505%

1. PLACE OF DEATH	100 -
County O/wew auce	Registration Dist. No. 250
Village or City Sudlemule (Near)	Ale au
(If death occurred in a hospital or institution, give its NAME instead of street and number)
	osds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME & muly a Wales.	
(a) Residence: No. Sufflus villa (Usuai piace of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH The 20 193 7
5a. If married, widowed, or divorced HUSBAND of	(Month) (Day) (Yelfr)
(or) WIFE of Walls.	22. 1 HEREBY CERTIFY, That I attended decaased f
1 100/100	1937, 10 1 20, 193
6. DATE OF BIRTH (month day, and year) Dec. 12 1846 7. AGE Years Months Days If IFSS than	I last saw h ative on, 193 /; death is
7. AGE Years Months Days if LESS than 1 day,hrs.	to have occurred on the date stated above, at 12 / m.
ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	2
9. Industry or business in which	Hypialulac / Munyony
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at this occupation (work) and this companion (work) and this companion (work) and the second time (years) (Drogeneal Incumorial Cultur
10. Data deceased last worked at this occupation (month and 930) 11. Total tima (years) spant in this spant in th	Duration: Ten days.
year) occupation occupation	Obs. Card and Card
12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:
(Stata or country) MA	Luselle
13. NAME James Claugh	7
14. BIRTHPLACE (city or town)	Name of operation Data of
(State of Country)	What test confirmed diagnosis?
15. MAIDEN NAME - Bafee	23. If death was dua to external causes (VIOLENCE) fill in also tha following:
15. MAIDEN NAME Baker 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury19
(State or country)	Where did injury occur?
17. INFORMANT MM Fylcher Buyles. (Address) Sudlersoute md P.	(Specify city or town, county and State) Specify whether injury occurred in iNDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Lear followelle Mrd Date Fit 24, 1913 ?	Nature of Injury.
19. UNDERTAKER R. B. Rawlings. (Address) themselved med	24. Was disease or injury in any way related to occupation of deceased? 15 of the so, specify 15 of the so, specify 15 of the so, specify 16 of the so, specify 17 of the so, specify 18 of the so, specify 19 of the sp
20. FILED Feb. 22, 1937- Elizaberh Nicke	(Signed) & Hulfcelle N
	(Address) M. G. W. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	ļ	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis		The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephrilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
RUKEAU V. 8			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state Exact statement of OCCUPA--WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforstated EXACTLY. mation should be carefully supplied. AGE should be stated EXACTL CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDING TION is very important. See instructions on back of certificate. MARGIN RESERVED

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	92-0
County Cleur	Registration Dist. No. 251
Village or City While the True	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds
Plank of Much	H
2. FULL NAME	If U.S. Veteran specify WAR.
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SET 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DO TORCED (price the word)	21. DATE OF DEATH J.
ie. If married, widowed or tivorced HUSBAND of (or) WIFE of	
(or) WIFE of X/laton /2000	22. HEREBY CERTIFY That I attended deceased fro
4 1/ 1817	I last saw h alive on 224 19.3. 7 death is sa
S. DATE OF BIRTH (month, day, and year) C C 6 8 7 I. AGE Years Months Days If LESS than	I last saw h alive on detailed above, at last saw h alive on the date stated above, at last saw h
60 / 1 day,/hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
9 Trade profession or particular	weterstollows: Non North Dec Bate of one
8. Trade, profession, or particular kind of work done, as SPINNER, Acceptable SAWYER, BOOKKEEPER, atc.	The state of the s
9. Industry or business in which	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked as the second in this securation (month as this securation (month as this securation (month as the second in this securation (month as the second in this second in t	
	1
year) occupation	Other Cantributory Causes of importance:
12. BIRTHPLACE (city or town)	1 1 -1 8
(State or county)	ownses tolly a
13. NAME / Company of Alle	1
14. BIRTHPLACE (city or town)	Name of operation Data of
(State of country)	What tast confirmed diagnosis? Was thera an autopsy?
15. MAIDEN NAME THERE BELLEVIEW	23. If death was dua to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
(State or country) Color Velice	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT & LOGGIAN BOXALOGY	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,
18. BURIAL, CREMATION, OR REMODELA GUERRANDA GUERRANDA Date FER . R. 19.3.2	Manner of Injury
19. UNOERTAKER Way & Dood	24. Was disease or injury in any way related to occupation of deceased?
The state of the	If so, specify (Signed Ptable 1) Sudden
20. FILED SRY. L. 7, 1997 W. W. Look. Registrar.	(Address) Shulleh Hull Sp. 16
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

should state

STATE OF MARYLAND-CERTIFICATE OF DEATH

Langth of residence in city of yong where death occupied grant and number) 2. FULL NAME (a) Residence: No. (Uusa) place of abody PERSONAL AND STATISTICAL PARTICULARS SEX 4. COLON OR RACE 5. SINGLE MARRIED, WIDOWAD (Out of place of abody) 1. In married, widowed, or divorced (oct) with of the colon of the date stated above, at Grant (oct) will of the place of the date stated above, at Grant (oct) will of the place of the date stated above, at Grant (oct) will of the place of the date stated above, at Grant (oct) will of the place of the date stated above, at Grant (oct) will of the place of the date stated above, at Grant (oct) will of the place of the date stated above, at Grant (oct) will of the place of the date stated above, at Grant (oct) will oct of the date stated above, at Grant (oct) will occupation (month and speak) 5. Trade, protession, or particular speak (oct) occupation (oct) will occupation (month and speak) 5. Trade, protession, or particular speak (oct) occupation (oct) will occupation (month and speak) 5. Trade, protession, or particular speak (oct) occupation (oct) will occupate (oct) occupation (oct) will occupate (oct) occupation (oct) and the occ	1. PLACE OF DEATH	II-a
Langth of residence in city of yong where death occupied grant and number) 2. FULL NAME (a) Residence: No. (Uusa) place of abody PERSONAL AND STATISTICAL PARTICULARS SEX 4. COLON OR RACE 5. SINGLE MARRIED, WIDOWAD (Out of place of abody) 1. In married, widowed, or divorced (oct) with of the colon of the date stated above, at Grant (oct) will of the place of the date stated above, at Grant (oct) will of the place of the date stated above, at Grant (oct) will of the place of the date stated above, at Grant (oct) will of the place of the date stated above, at Grant (oct) will of the place of the date stated above, at Grant (oct) will of the place of the date stated above, at Grant (oct) will of the place of the date stated above, at Grant (oct) will oct of the date stated above, at Grant (oct) will occupation (month and speak) 5. Trade, protession, or particular speak (oct) occupation (oct) will occupation (month and speak) 5. Trade, protession, or particular speak (oct) occupation (oct) will occupation (month and speak) 5. Trade, protession, or particular speak (oct) occupation (oct) will occupate (oct) occupation (oct) will occupate (oct) occupation (oct) and the occ	County Cheen (lines	Registration Dist. No. 253
Langth of residence in city of rown where death occupied. 2. FULL NAME (a) Residence: No. (Usual place of abody PERSONAL AND STATISTICAL PARTICULARS SEX 4. COLO OR RACE 5. SINCLE MARRIED (DY DIVORCE) Finite the word) 2. DATE OF BIRTH (month, day, and year) 1. DATE OF BIRTH (month, day, and year) 2. Trade, profession, or particular 8. Trade, profession, or particular 8. Trade, profession, or particular 8. Trade, profession, or particular 9. Industry or business in which word work was done, as Silk Mill. 9. Industry or business in which word or business in which work was done, as Silk Mill. 9. Industry or business in which word or business in which work was done, as Silk Mill. 9. Industry or business in which word or business in which work was done, as Silk Mill. 9. Industry or business in which word or business in which work was done, as Silk Mill. 9. Industry or business in which word or business in which work was done, as Silk Mill. 9. Industry or business in which word or business in which work was done, as Silk Mill. 9. Industry or business in which word or business in which work was done, as Silk Mill. 9. Industry or business in which word or business in which work was done, as Silk Mill. 9. Industry or business in which word or business in which work was done, as Silk Mill. 9. Industry or business in which word or business in which work was done, as Silk Mill. 9. Industry or business in which word or business in which word or business in which work was done, as Silk Mill. 9. Industry or business in which word was done, as Silk Mill. 9. Industry or business in which word or business in which were an autopay? 11. In REMIRAN (Silve or pounty) 12. In REMIRAN (Silve or pounty) 13. NAME 14. BIRTHPLACE (city or town) 15. BURRIAL CREMATION, OR REMOVAL 16. BIRTHPLACE (city or t	Village or City Wester	
(a) Residence: No. (Usual place of abodo St., Ward. If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS SEX (A, COLOK OR RACE S. SINGLE, MARRIED, WIDOWED, OR, DIVORCED frince the word) A. If marriade, widowed, or divorced (Asserting), wind of the word) A. If marriade, widowed, or divorced (Asserting), wind of (Asserting), which is a completely of (Asserting), wind of (Asserting), wind of (Asserting), which is a completely of (Asserting), wind of (Asserting), which is a completely of (Asserting), which is a completely of (Asserting), wind of (Asserting), which is a completely of (Asserting), wind of (Asserting), which is a completely of (Asserting), which is a co		187
PERSONAL AND STATISTICAL PARTICULARS SEX 4. COLOK OR RACE OR, DIVORCED (enrict the word) A. If married, widowed, or divorced (cr) VIFE of DATE OF BIRTH (month, day, and year) I I LESS than 1 in the precipital of the date stated above, at 1 in the precipital cause of the date stated above, at 1 in the precipital cause of the date stated above, at 1 in the precipital cause of the date stated above, at 1 in the precipital cause of the date stated above, at 1 in the precipital cause of the precipital causes of importance were as follows: B. Trada, profession, or particular which is a profession or particular with precipital causes of the precipital causes of	2. FULL NAME Latter Valuadas.	Myatt If U. S. Veteran, specify WAR
PERSONAL AND STATISTICAL PARTICULARS SEX	(a) Residence: No.	
SEX 4 COLOR OR RACE OR, DIVORCED Frise the word) 21. DATE OF DEATH (Month) (Day) (Tear) 22. FLOY. HEREBY CERTIFY by I stranded decessed for (cr) wife of	(Usual place of abode)	
AGE Years Months Day It ESS than 1 day. Are alive on Test and related causes of importance were as follows: S. Trada, profession, or particular Saw Mella, Bank, etc. 10. Data Gesseed last worked at this occupation (month and year) S. Trada, profession, or particular Saw Mella, Bank, etc. 10. Data Gesseed last worked at this occupation (month and year) 11. Total time (years) Saw YEB, BOOKKEPPER etc. 2. BIRTHPLACE (city or town) (State or populary) 13. NAME 14. BIRTHPLACE (city or town) (State or gountry) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or gountry) 17. INFORMANT Saw M. C. 18. Date of minury (State or gountry) 19. Where did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 19. JACK State or cocupation of decessed? (Address) 19. JACK State or populary) Nature of Injury in any way related to occupation of decessed? (Address) 19. JACK State or cocupation of decessed? (Address) 19. JACK State or populary) Nature of Injury in any way related to occupation of decessed? (Address) 19. JACK State or populary in any way related to occupation of decessed? (Address) 19. JACK State or populary in any way related to occupation of decessed? (Address) 19. JACK State or populary in any way related to occupation of decessed? (Address) 19. JACK State or populary in any way related to occupation of decessed? (Address) 19. JACK State or populary in any way related to occupation of decessed? (Address) 19. JACK State or populary in any way related to occupation of decessed? (Address) 19. JACK State or populary in any way related to occupation of decessed? (Address) 19. UNDERTAKER (Address) 19. JACK State or populary in any way related to occupation of decessed? (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. JACK State or populary in any way related to occupation of decessed? (Address)		
HUSBAND of (or) WIFE of DATE OF BIRTH (month, day, and year) AGE Years Months Dayy If LESS than I day,	OR, DIVORCED (Swrite the word)	+CG7. [] , 193 /.
AGE Years Months Day II LESS than I day hrs. or min. 8. Trada, profession, or particular kind of work done, as SPINNER	5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of	22. Fely. HEREBY CERTIFY That I attended deceased from 1937 to 7 193
AGE Years Months Dayy If LESS than 1 day,	6 DATE OF BIRTH (month, day, and year) Sept 30 - 1927	I last saw h Asia alive on Febr. 17 , 19.3.7, death is sa
8. Trada, profession, or particular kind of work done, as SPINNER, Salvora Body Salvora, BodykePer, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data doceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation (work was done, as SILK MILL, SAW MILL, BANK, etc. 12. BIRTHPLACE (city or town) (State or southry) 13. NAME 14. BIRTHPLACE (city or town) (State or country), What lest confirmed diagnosis? Was there an autopsy? 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country), What lest confirmed diagnosis? Was there an autopsy? 17. INFORMANT (Address) 18. BURNAL, CREMATION, OR REMOVAL, Place Main and State) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Signed) 19. UNDERTAKER (Signed) (Signed)	7. AGE Years Months Days If LESS than	
Rindo of work done, as SPINNER. 9. Industry or business in which work was done, as SPINNER. 10. Data deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation (month and year) 12. BIRTHPLACE (city or town) 13. NAME 14. BIRTHPLACE (city or town) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) 17. INFORMAN 17. INFORMAN 18. BURIAL, CREMATION, OR REMOVAL PIACE 18. BURIAL, CREMATION, OR REMOVAL PIACE 19. Jack of the process of injury in any way related to occupation of deceased? 19. Undersale of the process of injury in any way related to occupation of deceased? 19. Where of injury 19. Where of injury 19. Where of injury 19. Where of injury in any way related to occupation of deceased? 19. Undersale of the process of injury in any way related to occupation of deceased? 19. Undersale of the process of injury in any way related to occupation of deceased? 19. Undersale of injury 19. Where of injury 19. Undersale of injury 20. Was there an autopsystem 21. Information 22. Undersale of injury 23. If death was due to external causes (VIOLENCE) fill in also tha following: 23. If death was due to external causes (VIOLENCE) fill in also tha following: 24. Calcient, suicide, or homicide? 25. Date of injury 26. Date of injury 27. Information 28. Date of injury 29. Undersale of injury 29. Undersale of injury 29. Undersale of injury 20. Date of injury 20. Da		THE I KINCLE ALL CACOL OF BEATH and I could be seen of the posterior
Other Contributory Causes of importance: Contributory Causes of importance: Cont	8. Trada, profession, or particular kind of work done, as SPINNER, School Boy SAWYER, BOOKKEEPER, etc.	Jufluenza Febr
Other Contributory Causes of importance: Contributory Causes of importance: Cont	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Colular Phonomia 193
2. BIRTHPLACE (city or town) (State or powntry) 13. NAME 14. BIRTHPLACE (city or town) (Stata or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or powntry) (State or powntry) What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIOLENCE) fill in also tha following: Accident, suicide, or homicide? Date of injury Where did injury occur? (Specify city or town, country and State) Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. Manner of injury Nature of Injury Nature of Injury Nature of Injury Nature of Injury 19. UNDERTAKER (Address) Specify (Specify city or town, country and State) Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. 16. Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. Specify whether Injury Nature of Injury Nat	Spont in this	boll sidnegs) 192
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19. UNDERTAKER . 6. Thornson . 24. Was disease or injury in any way related to occupation of deceased? (Address) Stevensville Md , (Signed) (Signed)	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
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2 18 3720 W (Signed) Velovor Duck Ullian	19. UNDERTAKER . C. Vhouwas	24. Was disease or injury in any way related to occupation of deceased?
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Resistrat. (Address)	20. FILED / Eb / B , 193 / J. C. Shoquas	110000000000000000000000000000000000000

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. B				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN
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